

**Department of Human Services
Office of Services Review
Fiscal Year 2004 Report**

**A System Review
of the**

DIVISION OF CHILD AND FAMILY SERVICES

Published September 2004

I. System Overview

Submitted to:

**Utah State Legislature
Child Welfare Legislative
Oversight Committee and
The Legislative Auditor
General**

A System Review of the
Division of Child and
Family Services

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I. System Overview

A. Strategies for System Improvement

The Department of Human Services (DHS) and the Division of Child and Family Services (DCFS) are committed to improving performance of the child welfare system in Utah, thus enhancing outcomes to the children and families they serve. The following sections describe strategies developed to refine system performance.

B. Division of Child and Family Services Practice Model

DCFS staff continues to provide services to families based on the Practice Model philosophy. The Practice Model is a philosophical guideline for supervisors and caseworkers that follows best practice procedures and policy requirements. Training DCFS staff to adhere to the principles outlined in the Practice Model will allow Utah's children and their families to receive the most desirable outcomes from services offered to them by DCFS.

The Practice Model is a "working document"; flexible in content to allow for growth in achieving defined expectations. This guiding document consists of specific performance requirements with applicable knowledge and skills necessary to achieve those performance goals. In addition, the Practice Model has been incorporated into a performance milestone plan, described in the following section.

C. The Performance Milestone Plan

DCFS and the Child Welfare Group (CWG) developed The Performance Milestone Plan (The Plan). The Plan identifies specific milestones to achieve, outlines the steps necessary to follow in order to reach those milestones, and describes methods for measuring DCFS performance.

The Plan was prepared in accordance with the order of United States District Court Judge Tena Campbell dated September 17, 1998 in the matter of "David C. v. Leavitt". The Plan was submitted to the court on May 4, 1999. DCFS has adopted The Plan as its business plan.

D. Performance and Outcomes Measurement System

DCFS, CWG and the Office of Services Review (OSR) have developed a performance and outcomes measurement system. This system consists of two components: reviews that identify areas of need within the child welfare system and programs that develop possible solutions to improving system performance.

The scoring methodology for the case process review is currently under discussion due to disagreements between OSR and CWG. OSR believes credit should be given for partial work such as when medical exams or case plans are completed late. CWG believes credit should not be given for partial work. CWG believes partial work should be reported the same way as not completing any of the work. OSR reports partial work in its reports and CWG does not. It is hopeful that this issue will be resolved soon.

Reviews Designed to Identify Areas of Success and Need

- **Case Process Review.** The Office of Services Review, on a yearly basis, conducts the case process review. The survey results are submitted to the Utah State Legislature Child Welfare Legislative Oversight Committee and the Legislative Auditor General. For the case process review, documentation contained in DCFS case files and case management computer system is examined using survey tools to determine consistency of practice with Utah State statute and DCFS rules and practice guidelines. Changes are made in the survey tools when changes are made to the statute, rules and/or practice guidelines.
- **Qualitative Case Review.** As an added performance measurement, DCFS, CWG, and OSR conduct a qualitative case review for each region of DCFS. For this review, the status of children and families receiving or had received services from DCFS is evaluated to determine system performance and outcomes for families. Areas of success and need are identified within the system, within individual regions and offices, and for the supervisors and caseworkers.
- **Quality Assurance Project.** DCFS supervisors review their caseworkers' case files as frequently as one file per month per worker to determine how well caseworkers are performing. This information is submitted to OSR for incorporation into a database. From these data, caseworker performance trends are tracked and are reported to the supervisor. OSR believes that if this information is discussed with the caseworkers, they will know which areas of their performance need improvement and they will be able to make the necessary changes to improve the quality of services provided to children and families.

Programs Designed to Reach Recommended Solutions

- **Case Process Review Follow-up.** Results from the case process review are separated by region and office. OSR compiles this information into a database, evaluates the data and makes recommendations to DCFS management and staff to help improve performance. In addition, OSR staff train supervisors and workers on DCFS practice guidelines requirements related to the case process review requirements.
- **Qualitative Review Follow-up.** The information obtained from the qualitative review is studied and analyzed. Once areas of need are identified, recommended solutions are submitted to DCFS management, statewide and regional qualitative improvement committees and staff for review. In addition, OSR staff offers training to supervisors and caseworkers on the qualitative review protocol.
- **Other Studies.** Utilizing information found in the case process and qualitative case reviews, items are identified which are particularly difficult to resolve. In-depth evaluations of these items are conducted and system improvements are proposed. Additional studies are conducted as requested by DCFS and DHS directors or as required by state law.

It is expected that by utilizing the information obtained from these projects and studies, DCFS clients will receive improved services. Over the past year, OSR conducted studies to determine if DCFS intake workers assigned the correct priority to cases open for investigation and if information for shelter section of the CPR could be obtained directly from the shelter care provider rather than the CPS files.

II. Case Process Review

A. Description of Case Process Review

As noted above, the case process review is an important part of DCFS's strategy to improve system performance. In accordance with Utah statute, OSR, in conjunction with the Federal court appointed monitor, the Child Welfare Group (CWG), conducted its case process review of DCFS and the services it provides to children and families for this annual report. The program areas evaluated in the case process review are:

- Child Protective Services (CPS), general, which included cohorts of priority one referrals, medical neglect allegations and shelter cases, unable to locate¹ and unaccepted referrals². The review period was September 1, 2003 through November 30, 2003.
- Home-Based Services, including family preservation (PFP), voluntary protective services (PSC), and court-ordered protective supervision (PSS). The review period was September 1, 2003 through November 30, 2003.
- Foster Care (FC) Services. The review period was July 1, 2003 through December 31, 2003.

OSR determines the case process review questions, case process review guidelines,

¹ Unable to locate-Investigations of possible abuse/neglect that were closed because the investigator was unable to locate the child.

² Unaccepted referrals-Allegations that do not meet the necessary criteria to warrant an investigation.

sampling methodology and quality controls to ensure data accuracy with approval from CWG.

The questions contained in the case file review survey tools measure how well caseworkers follow DCFS rules, practice guidelines, and procedures and will help measure the Practice Model requirements. Scores are determined by reviewing the case file and/or the DCFS computer data system to find documentation of casework actions and practice guideline requirements. If the documentation is not located in the file or the computer system, credit is not given. A statistically significant number of cases are selected and reviewed from each of the program areas listed above. The case process review findings reflect statewide performance rates. The performance goals for the case process review are either 85% or 90% compliance rate depending on the area evaluated.

B. Significance of Review Results

The case process review report is a useful management tool for legislators, managers, supervisors and caseworkers. From these annual reports, performance ratings and trend data can be obtained to aid in determining performance goals.

In addition, the case process review tests for performance with key statutes and practice guidelines that policy makers and professionals agree are important in meeting the goals of child protection, permanency, and stability. The number of cases evaluated for this year's case review was similar to last year and is a percentage of the total number of cases opened for services during the review period.

C. Comparative Review Results

The results of this year's review are similar to the results from previous years. There was improvement in some scores when compared to last year's review and other scores declined. There were 12 items that reached or exceeded the target goal. There were three items that were close to meeting the target goal and the remaining items were below the target goal by varying degrees depending on the identified items. However, as a total, 35 scores increased this year as compared to last year and 34 scores decreased. Six scores remained the same.

Child Protective Services Results

- 22 items reviewed
- Goal met in three areas
- Nine scores increased
- 10 scores decreased
- Three scores remained the same

In general CPS cases, caseworkers were able to meet the target goal of 90% when initiating services for the family within 30 days of the referral and they exceed the 85% goal of making efforts to locate possible kinship placements when children had to be removed from the home. While the score for interviewing children outside the presence of the alleged perpetrator (88%) is close to the 90% goal, it dropped five percentage points this year when compared to last year's score. The reason for the lower score is unknown as previous reviews were showing an upward trend in this area. Unscheduled home visits were made more often this year as compared to last year (78% and 71% respectively).

One of the scores that had decreased the past two years in a row involved the child being seen within priority time frames by the caseworker. This score shows a significant improvement this year to 78% from 69% last year. Another score that has shown a slight improvement (60%) after a decline last year (57%) is the amount of time both parents were interviewed regarding the allegations. The

Division's practice guidelines were more specific this year in that the caseworkers were expected to discuss each allegation with each parent. OSR reviewed for that information to be documented. Therefore, even though this score only increased slightly, it is very positive that it increased under stricter guidelines. A higher percentage of cases were closed on time this year (82%) as compared to last year (69%). This is a significant increase despite workers' claims of high workloads.

The requirement of interviewing third parties as part of the CPS investigation seems to have an inconsistent pattern of improvement. The scores fluctuate each year. One year the score will increase, the next it will decrease, then it will increase again. This year the score has decreased again to 72%. Other areas that decreased this year include obtaining a medical exam within 24 hours for priority 1 cases involving severe injury or maltreatment, obtaining a medical assessment for cases involving medical neglect, and basing the case findings on the facts obtained during the investigation. All of the shelter scores show a significant decrease except for efforts to locate kinship placements, which exceeded the target goal.

A concern that was noticed with medical neglect cases is that caseworkers send children to have medical exams but would not discuss the medical neglect issues with the medical personnel. An assessment of the medical neglect allegations is not obtained or documented.

In many situations, caseworkers also did not provide clear documentation regarding their decision to support or unsupport the allegations of a case. This information is needed for reviewers to adequately determine if the case findings were based on the facts obtained during the investigation.

Shelter care scores are consistently low. Last year there was some improvement in this

section but the scores have dropped again this year. The children were visited in shelter care³ within 48 hours of removal from home 45% of the time compared to 53% last year. Information about the child was given to the shelter care provider within 24 hours of placement 58% of the time compared to 65% in 2003. The biggest decrease was in weekly shelter visits from 40% in 2003 to 11% this year. Many workers report this decrease is due to the cases being transferred from the CPS worker to the foster care worker. The OSR reviewer continues to look for weekly visits by the CPS worker unless the case transfer is documented in the CPS file.

Three of the five items evaluated for unable to locate cases dropped compared to last year's review, one score had a significant increase and one score stayed essentially the same. The largest increase was in home visits beyond normal working hours. That score increased from 12% last year to 59% this year. However, the score is still significantly below the 85% target goal and it seems more effort could be made to locate families prior to closing a CPS case as unable to locate. Two of the scores for unaccepted referrals improved as compared to last year and one score remained the same. All three scores exceeded the goal of 85% compliance and two items scored 100%.

Home-Based Results

- Nine items reviewed
- Goal met for two items
- Six scores increased
- Three scores decreased

Due to a stipulation agreement between DCFS and the National Center for Youth Law, many of the items normally reviewed in Home-Based cases will not be reported this year.

³ Shelter care-Temporary care of minors in non-secure facilities.

The scores for home-based services include family preservation services, voluntary protective services and protective supervision services. For the first time, two of the scores for home-based services exceeded the target goal of 85%. Both of these items were for monthly home visits conducted during the review period. The scores for home visits in months two and three of the review period were approximately 86%. This is the first time in five years a home-based target goal has been achieved. The average score for the home visits for the three months combined is approximately 85%, which meets the target goal also.

Six of the nine items reviewed showed an improvement this year when compared to last year. Three of these improvement areas include the three monthly home visits. The other three items that showed improvement are files having a current case plan (47%), the initial plans being completed on time (42%), and involving the stepparents in the case planning process (39%). Involving the natural parents/guardian (37%) and the target child(ren) (25%) in the case planning process showed a decreased score this year. A score of 53% is a significant drop as compared to last year (75%) for the worker initiating services for the family.

The primary explanation for the decline scores this year appears to be related to the caseworkers' poor documentation. For example of the 123 cases that were supposed to receive services from DCFS, the OSR reviewers found that all services had been initiated in 65 of the cases and some of the services were initiated in 57 of the cases. When the caseworkers were asked why some of the services were not initiated for the family, all the caseworkers said the services were initiated for the family or the families' circumstances changed and they no longer needed a specific service. However, none of this information was documented.

Some scores appear low when just looking at the "yes" answer. However, when considering the "partial" answer in combination with the "yes" answer, the scores increase significantly.

Some questions receive partial credit if the work is completed late or if some part of the work is missing. For example, the initial home-based service plan must be completed within 45 days of the case start date. If the service plan is completed late, it receives partial credit. Of the 50 initial plans that were reviewed this year, 21 were completed on time and 23 were late. Eight of the original 23 late plans were completed within 60 days of the case start date and seven were completed within 75 days of the case start date.

Out of the 131 home-based cases reviewed, 61 cases (47%) had a current case plan in the file and 22 cases did not have a current case plan in the file. Forty-eight cases were given partial answers to the questions "Is there a current case plan in the file?" This means that the reviewers found a case plan in the files but something was amiss with the case plans such as they were completed late or there were gaps in service.

The initial home-based child and family plans are being completed on time about 42% of the time, which is an increase for the first time in two years. Only 50 cases were reviewed for this category. The initial child and family plans were completed on time in 21 of the 50 cases and 23 of the plans were completed late. Six of the cases did not have a child and family plan completed.

Foster Care Results

- 43 items reviewed
- Goal met for 20 items
- 20 scores increased
- 21 scores decreased
- Three scores remained the same

Due to a stipulation agreement between DCFS and the National Center for Youth Law, a few of the items normally reviewed in foster care cases will not be reported this year.

There were 130 foster care cases reviewed for 2004. Most of the foster care cases had a case plan (108 out of 130 cases), however, some case plans were completed late or were missing information. The initial case plan was completed on time approximately 47% of the time, which is an increase compared to last year's score (43%). Although this score seems low, it has increased steadily over the past four years.

This year's review shows an unexplained decline in how often the parents, stepparents, and children are involved in the development of the case plan. The parents were involved in the development of the plan 42% of the time, the stepparents were involved 20% of the time and the child was involved 45% of the time.

Services were initiated for the family less often (38%) again this year as compared to last year (58%). This is the third year in a row that this score has decreased. A possible reason for this decline is the same as described above in the home-based section. Caseworkers are not documenting their work accurately and/or completely. They report that all services are initiated or no longer need to be initiated but they do not document this fact.

This year's review shows that medical exams are completed on time approximately 78% of the time, mental health assessments are completed on time 71% of the time, and dental exams are completed on time 69% of the time. The medical and dental exam scores decreased

slightly this year and the mental health assessment score increased by nine percentage points. A majority of children in foster care (over 90%) received the necessary medical, mental health, and dental initial and annual evaluations; however, some of the exams were completed late by varying time frames from one day to several months. Initiation of follow up services occurred more often this past year for dental care and medical care services than for mental health services. This could be due to a documentation problem. Health visit report forms are usually not filled out for mental health care as they are for medical and dental care. Therefore, it is more difficult for reviewers to find documentation of the initiation of mental health services.

Monthly visitation by the caseworker with the children in their placement increased again this year. The average score for the six months of the review period is 86% for visiting the child in the out-of-home placement and 94% for visiting the child at least one time each month. Both of these scores exceed the 85% target goal.

Caseworkers made contact with the out-of-home care providers about the child's well-being 88% of the time when the six-month review period is averaged. This score is above the 85% target goal also.

DCFS practice guidelines changed for this review period and the caseworkers are required to visit each child in foster care once each month (rather than twice) and that visit must take place in the foster placement. It is estimated that the percentage of caseworker visits of children in the foster placement is higher than reported. However, due to documentation errors, reviewers were unable to give credit for some home visits as they were unable to discern if the visit actually took place in the out-of-home placement.

DCFS practice guidelines also changed regarding the rules associated with private

conversations with the children in foster care. Previous policy allowed caseworkers to talk to children in the presence of other individuals as long as the conversation was "outside the presence of the out-of-home caregiver". The new practice guidelines require the caseworker to have a private conversation with the child with no other individuals present. This change caused the scores for this question to decline this year as many caseworkers reported they were not aware of the change. The average score for the six months of the review period is 72%. Last year's average score was 80%.

Another DCFS practice guideline change occurred involving visitation between children in foster care and their siblings. Visitation requirements used to be required twice per month. Now visitation is required weekly unless circumstances prevent weekly visits and an alternate visitation plan is arranged. Many caseworkers reported not being aware of this change and/or did not document the alternate visitation plan. This caused the score for the question regarding the child having the opportunity to visit siblings weekly to drop 13 percentage points to 32%. Documentation shows that children in foster care are not provided the opportunity to visit their parents as frequently as compared to the 2002 review. This score dropped 15 percentage points to 48%. The cause for this decline is unknown as there were not any policy changes regarding parent/child visitation. Caseworkers do report that visitation occurred more often than was documented.

The question reviewed regarding educational services changed this year as a result of DCFS practice guideline changes also. Previously OSR determined if caseworkers made reasonable efforts to ensure a child received the necessary special education services if needed. This year OSR determined if the child was referred for special education assessments if it was suspected that the child may have an educational disability. Therefore, this year's score is not comparable to last year's score, as

the question is different. There were 10 children that may have had an educational disability and needed to be referred for assessments. Eight of these children were referred for assessments (80%).

When caseworkers are searching for a foster placement for a child, the child's special needs are being considered in the placement decisions 88% of the time, proximity to the child's home/parents is considered in the placement decision 100% of the time, and there was an increased effort to locate kinship placements (96%). There needs to be more effort in giving the out-of-home caregiver information about the child prior to placement (50%). This could help find an optimal placement for the child and reduce the number of placement changes a child may experience while in foster care.

Methodology

For the 2004 review of 2003 data, sample sizes were based on historical knowledge about populations in all program areas. The survey results have a confidence level of 90%. The following is a breakdown of sample sizes for all program areas reviewed. The entire universe was reviewed for CPS cohort areas of priority one and medical neglect cases.

OSR 2004 Report Sample Sizes

Program Area	Case Files Reviewed
CPS—General	135
CPS—Priority One	8
CPS—Medical Neglect	39
CPS—Shelter Care	95
CPS—Unable to Locate	74
CPS—Unaccepted	131
Home-Based—PSS/PSC/PFP	131
Foster Care	130
Total	743

A comparative review of results for the past two years is listed on the following pages. Refer to the appendix section for a complete breakdown of the 2004 case process review results. Partial answers are reported in the appendix section.

Inadequate documentation remains, for most questions, the primary reason scores continue to remain low. It is also the reason for the decrease in scores from 2003 to 2004 case review report. An example is described above in the home-based and foster care sections regarding the initiation of services. Another example of poor documentation is found in the CPS section. It is a DCFS requirement that children be visited weekly when in a shelter placement. OSR reviews for this in the CPS section if the CPS worker removes a child from the home. However, if the CPS worker transfers the case to a foster care worker, OSR stops reviewing for this item in the CPS section. The score for this question is extremely low this year (11%). When asked why visits were not occurring with the child in a shelter placement, the CPS workers often reported that it was not their responsibility to visit the child

as a foster care worker had been assigned to the case and that worker should be visiting the child. If the CPS worker had documented when the assignment of the foster care worker took place, these scores would be much higher.

The sample of cases was selected by OSR and reviewed by OSR review analysts. The inter-rater reliability among OSR reviewers is 97%. A CWG reviewer then re-reviewed a 10% of the cases from the sample to ensure accuracy. A high degree of agreement (97%) was found between the OSR and the CWG case reviewer. In situations where a disagreement occurred, a discussion took place between OSR and CWG and in most instances a resolution was made. All extenuating circumstance answers (valid reasons for an action not occurring) were reviewed by CWG who then determined if the answer would be scored as NA or NO.

The review analysts met with the caseworkers after the review to discuss the results. If the caseworker could provide information that was missing from the file or the computer system, the review analysts evaluated the information and made necessary adjustments to the scores if needed.

The OSR will continue to assist DCFS in improving the scores for the case process review. OSR reviews data with the supervisors and workers to emphasize areas that can be improved by simply improving documentation and provides training for workers and supervisors regarding policy requirements and case process review requirements. Training sessions are provided as requested by the regional staff and as the OSR staff is available.

Comparative Results

Review Questions	2003	2004	GOAL
Child Protective Services – General			
A1. Did the investigating worker see the child within the priority time frame?	69%	78%	90%
Yes within additional 1 day	74%	80%	
Yes within additional 2 days	77%	82%	
Yes within additional 5 days	85%	85%	
Yes within additional 10 days	90%	89%	
A2. If the child remained at home, did the worker initiate services within 30 days of the referral?	80%	90%	90%
Yes within additional 30 days	81%	90%	
A3. Was the investigation completed within 30 days of CPS receiving the report from intake or within the extension time frame granted if the Regional Director granted an extension?	69%	82%	90%
Yes within additional 1 day	75%	85%	
Yes within additional 5 days	84%	93%	
Yes within additional 10 days	88%	93%	
B1. Did the worker conduct the interview with the child outside the presence of the alleged perpetrator?	93%	88%	90%
B2. Did the worker interview the child's natural parent(s) or other guardian when their whereabouts were known?	57%	60%	90%
B3. Did the worker interview third parties who have had direct contact with the child, where possible and appropriate?	76%	72%	90%
B4. Did the CPS worker make an unscheduled home visit?	71%	78%	90%
C1. If this is a Priority I case involving trauma caused from severe maltreatment, severe physical injury, recent sexual abuse, fetal addiction, or any exposure to a hazardous environment was a medical examination of the child obtained no later than 24 hours after the report was received?	89%	88%	90%
C2. If this case involves an allegation of medical neglect, did the worker obtain an assessment from a health care provider prior to case closure?	73%	67%	90%
Yes within additional 10 days	74%	67%	
D1. Were the case findings of the report based on the facts obtained during the investigation?	91%	83%	85%
E1. Was the child placed in a shelter placement?	26%	30%	
E2. Did the worker visit the child in shelter care within the 48 hours of removal from the child's home to determine the child's adjustment to the placement and need for services?	53%	45%	85%
Yes within additional 12 hours	58%	47%	
Yes within additional 24 hours	62%	47%	

Review Questions	2003	2004	GOAL
E3. After the first 48 hours, did the worker visit the child in shelter placement at least weekly, until CPS case closure or until transferred to a foster care caseworker, to determine the child's adjustment to the placement and need for services?	40%	11%	85%
E4. Within 24 hours of the child's placement in shelter care, did the worker make reasonable efforts to gather information essential to the child's safety and well-being and was this information given to the shelter care provider?	65%	58%	85%
Yes within additional 1 day	70%	64%	
Yes within additional 5 days	71%	67%	
Yes within additional 10 days	72%	67%	
E5. During the CPS investigation, were reasonable efforts made to locate possible kinship placements?	85%	93%	85%
Child Protective Services – Unable to Locate			
1. Did the worker visit the home at times other than normal working hours?	12%	59%	85%
2. If any child in the family was school age, did the worker check with local schools or the local school district for contact information about the family?	81%	74%	85%
3. Did the worker check with law enforcement agencies to obtain contact information about the family?	81%	63%	85%
4. Did the worker check public assistance records for contact information regarding the family?	72%	67%	85%
5. Did the worker check with the referent for new information regarding the family?	60%	59%	85%
Child Protective Services – Unaccepted			
1. Was the nature of the referral documented?	99%	100%	85%
2. Did the intake worker staff the referral with the supervisor or other intake/CPS worker to determine non-acceptance of the report?	100%	100%	85%
3. Does the documentation adequately support the decision not to accept the referral?	89%	92%	85%
Home-base Services			
1. Is there a current case plan in the file?	36%	47%	85%
Yes within additional 15 days	48%	58%	
Yes within additional 30 days	52%	63%	
2. Was an initial child and family plan completed for the family within 45 days of case start date.	26%	42%	85%
Yes within additional 15 days	52%	58%	
Yes within additional 30 days	57%	72%	
3. Were the following team members involved in the development of the current child and family plan?			
a. the natural parent(s)/guardian	47%	37%	85%
b. the stepparent (if appropriate)	36%	39%	85%

c. the target child(ren) (age 5 and older)	26%	25%	85%
Review Questions	2003	2004	GOAL
4. Did the worker initiate services for the family/child as identified in the child and family plan(s)?	75%	53%	85%
5. Did the worker make at least one home visit each month of this review period?			
a. Month one	78%	81%	85%
b. Month two	80%	86%	85%
c. Month three	75%	86%	85%
Foster Care			
IA1. Did the child experience an initial placement or placement change during this review period?	32%	44%	
IA2. Following the shelter hearing, were reasonable efforts made to locate kinship placements?	85%	96%	85%
IA3. Were the child's special needs or circumstances taken into consideration in the placement decision?	91%	88%	85%
IA4. Was proximity to the child's home/parents taken into consideration in the placement decision?	89%	100%	85%
IA5. Before the new placement was made, was basic available information essential to the child's safety and welfare and the safety and welfare of other children in the home given to the out-of-home care provider?	46%	51%	85%
IB1. Did the worker contact the out-of-home care provider at least once during each month of this review period?			
Month one	91%	90%	85%
Month two	94%	93%	85%
Month three	91%	86%	85%
Month four	92%	88%	85%
Month five	84%	86%	85%
Month six	86%	86%	85%
IB2. Did the worker visit the child in his/her out-of-home placement at least once during each month of this review period?			
Month one	87%	86%	85%
Month two	87%	83%	85%
Month three	89%	88%	85%
Month four	84%	89%	85%
Month five	79%	84%	85%
Month six	80%	85%	85%
IB3. Did the worker visit the child at least once during each month of this review period?			
Month one	93%	94%	85%
Month two	95%	94%	85%
Month three	93%	94%	85%
Month four	87%	95%	85%
Month five	87%	94%	85%

Month six	89%	93%	85%
Review Questions	2003	2004	GOAL
IB4. Did the caseworker visit privately with the child?			
Month one	80%	69%	85%
Month two	85%	66%	85%
Month three	83%	71%	85%
Month four	75%	82%	85%
Month five	78%	66%	85%
Month six	81%	77%	85%
II1. Was an initial or annual comprehensive health assessment conducted on time?	81%	78%	85%
Yes within additional 30 days	94%	91%	
Yes within additional 60 days	96%	95%	
II2. If a need for further evaluation or treatment was indicated in the initial or annual health assessment was that evaluation or treatment initiated as recommended by the primary care providers?	53%	62%	85%
Yes within additional 30 days	57%	64%	
Yes within additional 60 days	59%	65%	
II3. Was an initial or annual mental health assessment conducted on time?	63%	71%	85%
Yes within additional 30 days	82%	91%	
Yes within additional 60 days	90%	93%	
II4. If a need for mental health services was indicated in the most current initial or annual mental health assessment were those services initiated as recommended by the primary care providers?	69%	66%	85%
Yes within additional 30 days	74%	68%	
Yes within additional 60 days	74%	70%	
II5. Was an initial or annual dental assessment conducted on time?	75%	70%	85%
Yes within additional 30 days	88%	90%	
Yes within additional 60 days	95%	93%	
II6. If need for further dental care treatment was indicated in the initial or annual dental exam was that treatment initiated as recommended by the primary care providers?	75%	76%	85%
Yes within additional 30 days	81%	80%	
Yes within additional 60 days	86%	82%	
III1. Is the child school aged?	78%	72%	
III2. If there was reason to suspect the child may have an educational disability, was the child referred for assessments for specialized services?	74%	80%	85%
IVA1. Is there a complete current case plan in the file?	39%	45%	85%
Yes within additional 15 days	57%	53%	
Yes within additional 30 days	61%	70%	
IVA2. If the child and family plan which was current at the end of the review period was the child's initial child and family plan, was it completed no later than 45 days after a child's	42%	47%	85%

removal from home?			
Review Questions	2003	2004	GOAL
Yes within additional 15 days	54%	63%	
Yes within additional 30 days	67%	80%	
IVA3. Were the following team members involved in creating the current child and family plan?			
a. the natural parent(s)/guardian?	63%	43%	85%
b. the stepparent (if appropriate)	46%	20%	85%
c. the child? (age 5 and older)	57%	45%	85%
IVA4. Did the worker initiate services for the family/child as identified in the child and family plans that are current during the review period?	53%	39%	85%
IVA5. Was the child provided the opportunity to visit with his/her parent(s) weekly?	58%	47%	85%
IVA6. Was the child provided the opportunity for visitation with his/her siblings weekly?	45%	32%	85%

III. Qualitative Case Review

A. Purpose of the Qualitative Case Review

The Qualitative Case Review is a method of evaluation used by the Office of Services Review (OSR) in conjunction with the Child Welfare Group (CWG) to assess the current status of children and families served by the Division of Child and Family Services

(DCFS), as well as the performance of the Child Welfare system. The Qualitative Case Review is a part of the Milestone Plan developed by DCFS and CWG to improve services to clients. The fifth consecutive round of Qualitative Case Review was completed this year.

B. Methodology

Qualitative Case Reviews were conducted in all regions. Reviews were held beginning in September 2003 and were concluded in May 2004. Twenty-four cases are selected for each review. For the Salt Lake Valley Region 72 cases were reviewed in two separate reviews consisting of 36 cases each. The supervisor from drew the cases across the region. In the first Salt Lake review one case was not scored because family members were ill and could not be interviewed. In the second Salt Lake review two target children were absent without leave (AWOL) at the time of the review. Due to their being AWOL, both cases failed Child Status and were not scored on System Performance. For this reason, scores are provided for Child Status on 167 cases and for System Performance on 165 cases. The cases were selected by CWG based on a sampling matrix assuring that a representative group of children was selected for review. The sample included children in out-of-home care and families receiving home-based services, such as voluntary counseling services, protective supervision services, and intensive family preservation.

The information used for evaluation was obtained through in-depth interviews with the child (if old enough to participate), parents, or other guardians, foster-parents (when the target child was placed in foster care), caseworker, teacher, therapist, service providers, and others having a significant role in the child's life. The child's file, including prior CPS investigations and other available records, was also reviewed.

Some of the reviewers were chosen from within DCFS such as experienced and qualified child welfare workers, supervisors, trainers, etc. They were paired up with certified reviewers from OSR, CWG, or community partners. An important element of a QCR review is the participation of professionals from outside of DCFS who work in related fields such as mental health, juvenile courts, education, foster parents, etc.

After the reviews are completed, the case is scored and reviewers submit a case story narrative. The Qualitative Case Review instrument used by the reviewers, referred to as the QCR Protocol, is divided in two

main parts or domains. The first domain aims at getting an appraisal of **the child and family's current status**. The indicators are:

- Safety
- Stability
- Appropriateness of Placement
- Permanence
- Health/Physical Well-being
- Emotional/Behavioral Well-being
- Learning Progress/Development
- Caregiver Functioning
- Family Functioning & Resourcefulness
- Satisfaction

The purpose of the second domain of the protocol is to **evaluate Child Welfare system performance**. It follows the principles of the DCFS Practice Model. The indicators in this domain are:

- Child and Family Participation
- Child and Family Team & Coordination
- Functional Assessment
- Long-term View
- Child and Family Planning Process
- Plan Implementation
- Formal & Informal Supports/Services
- Successful Transitions
- Effective Results
- Tracking and Adaptation
- Caregiver Support

Each indicator was scored on a scale of one to six, with one representing a completely unacceptable outcome and six representing an optimal outcome. A weighted system was used to calculate an overall Child Status score and an overall System Performance score. A narrative written by

the review team gave background information on the child and family's circumstances, evaluated the child's current status and described the strengths and weaknesses of the system. The experienced child welfare professionals used as reviewers made specific suggestions for improvements when needed.

Data Reliability





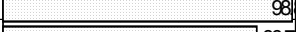
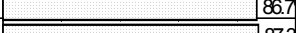
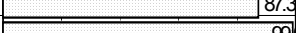


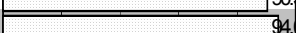

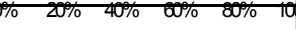
Several controls are in place to assure data accuracy. First, the court appointed monitor, Paul Vincent from CWG and his staff are involved on all levels of the review process. They review half of the cases themselves, attend all case debriefings, oversee the training of new and experienced reviewers, and check the scoring calculations. Second, all cases are reviewed by two individuals, which minimizes personal biases. When DCFS reviewers are involved, which is a good way of exposing staff to the Practice Model, they are paired up with a non-DCFS reviewer and they review in a region other than their own. Finally, a case story narrative for each case is submitted to the caseworker and region administration staff to review for factual accuracy. In addition, the caseworker, supervisor and/or region administration staff have the opportunity to give factual clarifications to the reviewers during the review process in the entrance and exit interviews as well as during the debriefing of the case. The regions also have the option of appealing scores on individual cases if the appeal is based on facts that were present at the time of the review.

C. Review Results

Improvement In Child and Family Status

The Performance Milestone Plan calls for 85% of all cases reviewed to attain an "acceptable" overall score in child and family status. The scores on individual status indicators are important in

identifying strengths and needs in particular areas. The overall score has been shaded in the chart below showing how DCFS performed on the fiscal year 2004 review.

State Child Status									
	# of cases	# of cases		FY00	FY01	FY02	FY03	FY04	
		Needing		Baseline					Current
	Acceptable	Improvement	Exit Criteria 85% on overall score	Scores					Scores
Safety	162	5		97.0%	80.2%	87.7%	95.2%	97.0%	97.0%
Stability	132	33		80.0%	69.3%	76.1%	73.2%	74.1%	80.0%
Appropriateness of Placement	161	4		97.5%	88.0%	93.1%	93.4%	96.4%	97.6%
Prospect for Permanence	120	45		72.7%	60.4%	68.9%	62.5%	59.6%	72.7%
Health/Physical Well-being	163	2		98.8%	96.0%	97.5%	97.6%	98.2%	98.8%
Emotional/Behavioral Well-being	143	22		86.7%	72.3%	76.1%	79.2%	81.3%	86.7%
Learning Progress	144	21		87.3%	81.2%	88.9%	84.4%	78.8%	87.3%
Caregiver Functioning	100	1		99.0%	94.6%	94.7%	94.8%	97.5%	99.0%
Family Resourcefulness	72	26		73.5%	51.4%	58.6%	65.8%	52.6%	73.5%
Satisfaction	149	16		90.3%	85.0%	88.3%	88.6%	86.1%	90.3%
Overall Score	157	10		94.0%	78.2%	84.7%	91.7%	92.8%	94.0%
									

The score on the Overall **Child Status** for DCFS statewide is **94% acceptable cases, with a steady improvement each year.** This represents the third year in a row that the overall score has been over 90%. The table at the end of this section displays the Overall Child Status results by region. **For the third year in a row, all regions met the exit criteria on Child Status.** Each region had an overall Child Status score of at least 90% and in Northern and Eastern Regions the score even reached 100%.

Most Child Status indicators scored very well. The indicators that scored over 85% included:

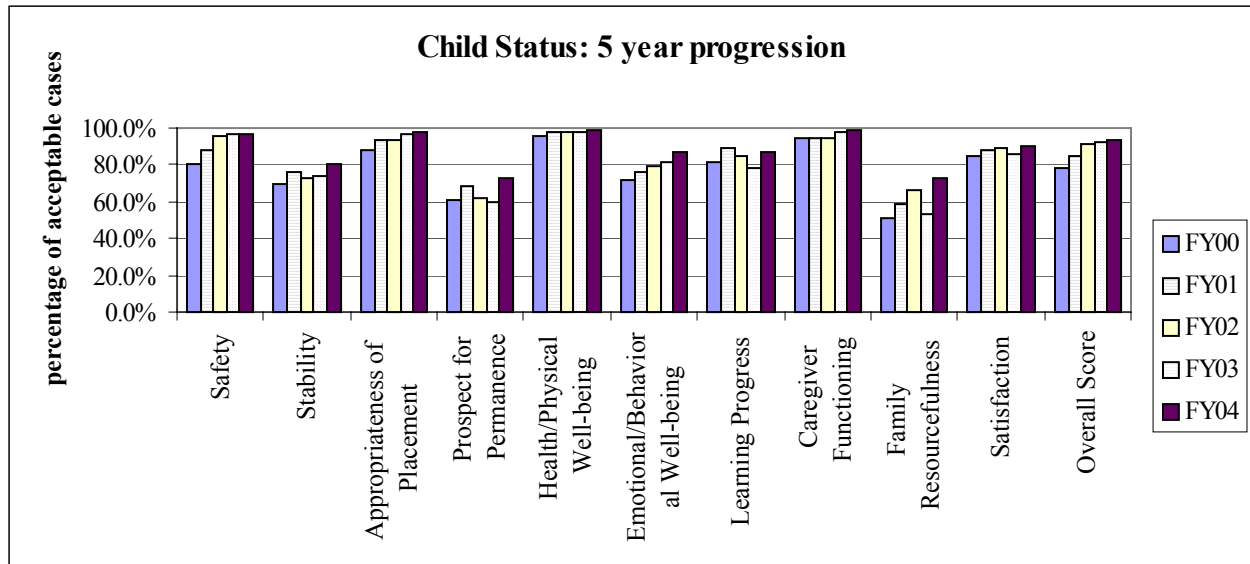
Safety (97%), Appropriateness of Placement (98%), Health/Physical Well-being (99%), Emotional/Behavioral Well-being (87%), Caregiver Functioning (99%), and Client Satisfaction (90%).

Every Child Status indicator that was noted as still needing improve last year, showed improvement this year. Stability increased from 74% to 80%, Prospects for Permanence increased from 60% to 73%, Emotional Well-being increased from 81% to 87%, Learning Progress increased from 79% to 87%, and Family Functioning and Resourcefulness increased from 53% to 74%.

Safety: Safety is referred to as the "trump" for child and family status. Since safety is central to overall well-being of the child, the case will not pass the child status domain if it fails on this indicator. To receive an acceptable rating, the child must be safe from risks of harm in his/her living and learning environments. Others in the child's daily environments must also be safe from high-risk behaviors or activities by the child. Of the 167 cases scored, 162 passed on Safety, which represents 97% of all cases passing Safety for the second year in a row.

This score is very commendable. The following graph displays the Child Status results for the

last five years. The continuous improvement is clearly visible.






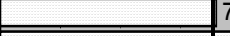


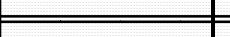
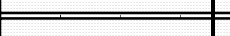

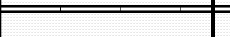

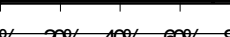
Overall Child Status scores by region: The table below shows the Overall Child Status results by region. As indicated, all regions exceeded the 85% exit criteria.

Child Status		# of cases	FY00	FY01	FY02	FY03	FY04
	# of cases	Needing	Baseline				Current
	Acceptable	Improvement					Scores
Eastern Region	24	0	77.8%	83.3%	95.8%	95.8%	100.0%
Northern Region	24	0	77.8%	75.0%	95.8%	100.0%	100.0%
Salt Lake Region	64	7	86.7%	91.2%	87.5%	88.6%	90.1%
Southwest Region	23	1	89.5%	83.3%	87.5%	95.8%	95.8%
Western Region	22	2	50.0%	82.6%	100.0%	91.7%	91.7%
Overall Score	157	10	78.2%	84.7%	91.7%	92.8%	94.0%

Improvement in System Performance

The Performance Milestone Plan calls for 85% of all cases reviewed to attain an "acceptable" overall score on System Performance. The plan also calls for the core system performance indicators (Child and Family Team/Coordination, Functional

Assessment, Long-term View, Child and Family Planning Process, Plan Implementation, and Tracking & Adaptation) to score 70% or more. The shading in the following chart highlights these domains.

State System Performance									
		# of cases			FY00	FY01	FY02	FY03	FY04
	# of cases	Needing	Exit Criteria 70% on	Shaded indicators	Baseline				Current
	Acceptable	Improvement	Exit Criteria 85% on overall score		Scores				Scores
Child & Family Team/Coordination	131	34		79.4%	38.6%	38.7%	45.2%	60.8%	79.4%
Functional Assessment	106	59		64.2%	26.7%	43.6%	42.3%	52.4%	64.2%
Long-term View	107	58		64.8%	20.8%	36.2%	32.3%	43.4%	64.8%
Child & Family Planning Process	119	46		72.1%	32.7%	42.3%	52.4%	62.0%	72.1%
Plan Implementation	138	27		83.6%	53.5%	68.1%	66.7%	76.5%	83.6%
Tracking & Adaptation	134	31		81.2%	55.4%	58.9%	62.5%	68.7%	81.2%
Child & Family Participation	136	29		82.4%	57.0%	56.4%	60.1%	67.3%	82.4%
Formal/Informal Supports	144	21		87.3%	80.2%	79.8%	79.2%	84.3%	87.3%
Successful Transitions	127	33		79.4%	44.0%	54.3%	56.1%	65.0%	79.4%
Effective Results	138	27		83.6%	58.0%	66.3%	70.8%	77.1%	83.6%
Caregiver Support	96	3		97.0%	89.5%	91.8%	92.8%	94.8%	97.0%
Overall Score	139	26		84.2%	41.6%	57.1%	57.7%	66.3%	84.2%
				0% 20% 40% 60% 80% 100%					

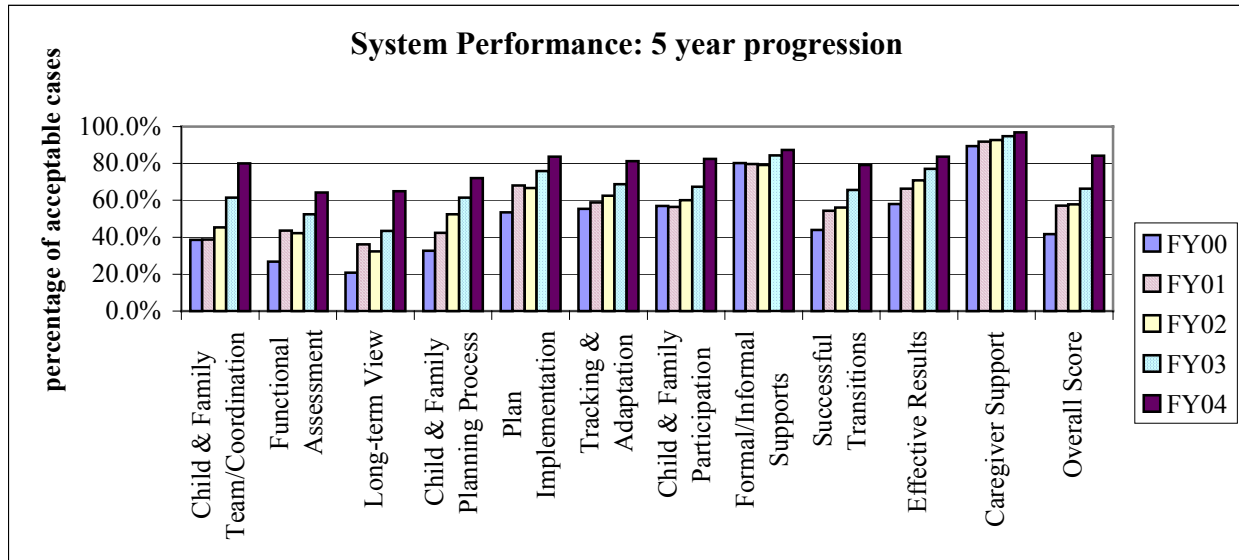
The overall score for **System Performance statewide is 84%.** This is a major improvement from previous years.

Every region improved their overall System Performance from last year. Southwest Region, who exceeded the exit criteria last year by scoring 88%, scored even higher this year at 92%.

All of the System Performance indicators improved last year over the year before, and every indicator increased again this year. Last year only one of the six core indicators, Plan Implementation, exceeded the 70% exit criteria. This year four of the six core indicators exceeded the exit criteria: Child and Family Team/Coordination (79%), Child and Family Planning Process (72%), Plan

Implementation (84%), and Tracking and Adaptation (81%). The other two indicators are within a few percentage points of meeting the exit criteria: Functional Assessment (64%) and Long-Term View (65%). Double-digit increases were seen in long-term View (up 21 points), Child and Family Team/Coordination (up 19 points), Successful Transitions (up 14 points), Tracking and Adaptation (up 13 points), Functional Assessment (up 12 points), and Child and Family Planning Process (up 10 points).

The following graph displays the System Performance results for the last five years, illustrating the consistent improvement in each of the indicators.



Overall System Performance scores by region: The following table shows the Overall System Performance scores by region. Southwest Region again achieved the highest overall score at 92%, which exceeds the 85% exit criteria. The Salt Lake and Northern regions showed remarkable improvement in their overall System Performance scores, jumping from 59% to 86% and from 58% to 79% respectively. Eastern and Western regions, each scored 71% last year and increased to 83% and 79% respectively this year.

Eastern region had a 13-percentage point improvement in their overall score, achieving the exit criteria with the benefit of rounding.

The remaining two regions, Northern and Western, scored just under the exit criteria when they each achieved an overall System Performance score of 79%. If they had each had just one more case score acceptable they both would have achieved the exit criteria with the benefit of rounding.

System Performance		# of cases	FY00	FY01	FY02	FY03	FY04
	# of cases	Needing	Baseline				Current
	Acceptable	Improvement					Scores
Eastern Region	20	4	33.3%	75.0%	66.7%	70.8%	83.3%
Northern Region	19	5	33.3%	50.0%	58.3%	58.3%	79.2%
Salt Lake Region	59	10	47.6%	52.9%	48.6%	58.6%	85.5%
Southwest Region	22	2	52.6%	70.8%	79.2%	87.5%	91.7%
Western Region	19	5	31.8%	43.5%	54.2%	70.8%	79.2%
Overall Score	139	26	41.6%	57.1%	57.7%	66.3%	84.2%

Core Domains

The following table highlights the progress the regions have made in the core domains. The results in the core domains this year are compared side by side to each region's results in the same domain last year. Bolded numbers indicate that the score represents a 10% increase or better from last year's score and/or the score exceeds the exit criteria. Every region either had a significant increase or exceeded the exit criteria in Teaming and Coordination, Plan Implementation, and

Tracking and Adaptation. Four of the five regions had a significant increase or exceeded the exit criteria in Functional Assessment and Planning Process. Three of the five regions had a significant increase or exceeded the exit criteria in Long-Term View. As the chart indicates, of the 30 shaded indicators (5 regions x 6 core indicators), 26 showed significant improvement and/or exceeded the exit criteria.

Regions	Teaming and Coordination		Functional Assessment		Long-Term View		Planning Process		Plan Implementation		Tracking and Adaptation	
Year	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004
Eastern	75.0%	75.0 %	58.3%	37.5%	50.0%	50.0%	58.3%	70.8 %	79.2%	79.2%	83.3%	70.8 %
Northern	41.7%	66.7 %	41.7%	54.2 %	25.0%	58.3 %	45.8%	62.5 %	70.8%	70.8%	66.6%	70.8 %
Salt Lake	54.3%	78.3 %	54.3%	71.0 %	41.4%	69.6 %	60.0%	75.4 %	71.4%	87.0%	57.1%	82.6 %
Southwest	91.7%	95.8 %	62.5%	83.3 %	54.2%	87.5 %	79.2%	83.3 %	91.7%	95.8%	95.8%	95.8 %
Western	54.2%	83.3 %	41.7%	62.5 %	50.0%	50.0%	66.7%	62.5%	83.3%	79.2%	62.5%	83.3 %

Results by Case Type

Of the 167 cases scored on the Child Status and the 165 cases scored on the System Performance during FY2004, 71 (43%) were home-based cases. This is an increase from last year when only 57 cases (34%) were home-based. The foster care cases scored

slightly higher on both Child Status and System Performance than the home-based cases did. The average overall score on System Performance for home-based cases was 4.2 while the average for foster care cases was 4.4.

Case Type	# in sample	# Acceptable	% Acceptable	Average score
System Performance				
Foster Care	94	81	86.2%	4.4
Home-based	71	58	81.7%	4.2

Child Status				
Foster Care	96	91	94.8%	4.9
Home-based	71	66	92.9%	4.8

As illustrated in the following table, the difference in the performance of foster care and home-based cases on the individual indicators was significant (greater than 10% difference) in only one of the six core

indicators (Plan Implementation). Last year five of the six core indicators showed a significant disparity between home-based cases and foster care cases. This year's QCR scores show that disparity is gone.

	Teaming / Coordination	Functional Assessment	Long Term View	Planning	Plan Implementation	Tracking / Adaptation	Overall System Performance
FC	81.3%	66.7%	64.6%	74.0%	86.5%	81.3%	84.4%
HB	76.1%	59.2%	62.0%	67.6%	76.1%	76.1%	81.7%

Results by Permanency Goal

The following table displays the results by Permanency Goal, with the results from last year for purposes of comparison. In Child Status there were only minor changes in the scores from last year, largely because scores were already so high that there was scarcely room for improvement. Declines in cases with Guardianship and Independent Living

goals were offset by increases in cases where the goal was Individualized Permanency or Remain Home.

When looking at System Performance some dramatic improvements can be seen, most notably in cases where the goal was Adoption, Guardianship, Remain Home or Return home.

CHILD STATUS FY2004				
GOAL	FY2004 # in Sample	FY 2004 # Acceptable	FY2004 % Acceptable	FY2003 % Acceptable
Adoption	25	25	100.0%	100.0%
Guardianship	8	7	87.5%	93.8%
Independent Living	18	16	88.9%	100.0%
Individualized Permanency	21	21	100.0%	89.5%
Remain Home	54	50	92.6%	85.4%
Return Home	41	38	92.7%	93.0%
Total	167	157	94.0%	92.8%
SYSTEM PERFORMANCE FY2004				
GOAL	FY2004 # in Sample	FY2004 # Acceptable	FY2004 % Acceptable	FY2003 % Acceptable
Adoption	25	21	84.0%	69.7%
Guardianship	8	8	100.0%	68.8%
Independent Living	18	16	88.9%	85.7%
Individualized Permanency	21	17	81.0%	78.9%
Remain Home	54	41	75.9%	56.1%
Return Home	39	36	92.3%	60.5%
Total	165	139	84.2%	66.3%

Results by Age of Target Child

As shown in the table below, the comparison of the scores for teenagers and younger children shows somewhat more favorable results on both Child Status and System Performance in cases with younger children.

Among the 167 cases reviewed on Child Status and the 165 cases reviewed on System Performance, 93 cases had a target

child who was 12 years or younger. Of these 93 cases, 82 cases had an acceptable overall System Performance score (88%). In comparison, 79% of the cases with teenagers had acceptable results. The pattern was repeated on Child Status where 97% of younger children had acceptable results while only 91% of teenagers had acceptable results.

Age of Child	# of cases in sample	# Acceptable	% Acceptable
System Performance			
Cases with target child 0-12 years old	93	82	88.2%
Cases with target child 13+ years old	72	57	79.2%
Child Status			

Cases with target child 0-12 years old	93	90	97.8%
Cases with target child 13+ years old	74	67	90.5%

Results by Ethnicity

Fifty-two of the children reviewed (31%) were Non-Caucasian. Caucasian and Non-Caucasian children scored nearly identically on Child Status, scoring 94.8% and 92.3% respectively.

They also scored very similarly on System Performance, scoring 82.3% and 88.5% respectively. Ethnicity does not appear to affect outcomes for children.

Ethnicity of Child	# of cases in sample	# Acceptable	% Acceptable
System Performance			
Caucasian	113	93	82.3%
Non-Caucasian	52	46	88.5%
Child Status			
Caucasian	115	109	94.8%
Non-Caucasian	52	48	92.3%

Results by Caseworker Demographics

Caseload

The average caseload of the workers reviewed was 13 cases, with only five workers reporting a caseload of 20 or more.

This is nearly identical to the average caseload of workers whose cases passed. This is an improvement from last year when the average was 14 cases and 16 workers had 20 or more cases. The small number of workers who have very large caseloads may explain why there is so little difference in System Performance between workers with

manageable (16 or fewer) and high (17 or more) caseloads. Last year 66% of the workers reviewed indicated that they had a caseload of 16 cases or less. This year that number increased to 79%, indicating that overall caseloads are more manageable. The workers with manageable caseloads scored 85% on System Performance while 83% of the workers with a high caseload scored well. High caseload had a negligible impact on System Performance.

Caseload Size: # of open cases	# of caseworkers reviewed	Scored acceptable on System Performance
16 open cases or less	130	110 (84.6%)
17 open cases or more	35	29 (82.9%)

Employment Length

There was an increase in the number of new workers (12 months or less experience) in the review sample this year. Last year 15% of the workers were new, while this year 20.6% of the workers were new. Interestingly, cases of new workers scored better than cases of experienced workers. Cases of new workers had acceptable System

Performance scores on 91.2% of their cases compared to 82.4% for the cases of experienced workers. New workers outscoring experienced workers are a reversal of last year's results when experienced workers outscored new workers. Both groups of workers showed substantial improvement from last year when new workers scored 60% and experienced workers scored 67.4%.

Employment length: # of months employed	# of caseworkers reviewed	Scored acceptable on System Performance
12 months or less	34	31 (91.2%)
13 months or more	131	108 (82.4%)

D. Improvement on Core Indicators

All regions clearly showed progress in their command of the Practice Model skills. This included conducting well-prepared and effective child and family team meetings, involving family members in the planning and decision-making process, and preparing case plans that were individualized to the family's needs. The improvement in practice was reflected in a number of very positive comments from clients and partners such as parents reporting that caseworkers were involving them in decisions both with the caseworker and with the team and professionals saying they appreciated how useful the team meetings were in improving coordination of services. The greater command of Practice Model skills translated into across the board increases in the core indicators.

Child and Family Team / Coordination:

There was outstanding improvement in the area of Child and Family Team/Coordination. Whereas only two of the regions exceeded the 70% exit criteria for this domain last year, four regions exceeded the exit criteria this year. Salt Lake, Northern and Western regions increased their scores by 24, 25, and 29 percentage points respectively. The improvement in these regions led to an ample increase in the overall score on this indicator from 60.8% to 80%. This core indicator met the exit criteria statewide.

Child & Family Team/Coordin	# of cases	# of cases	FY00	FY01	FY02	FY03	FY04
	# of cases	Needing	Baseline				Current
	Acceptable	Improvement					Scores
Eastern Region	18	6	22.2%	50.0%	66.7%	75.0%	75.0%
Northern Region	16	8	22.2%	29.2%	41.7%	41.7%	66.7%
Salt Lake Region	54	15	36.7%	29.4%	34.7%	54.3%	78.3%
Southwest Region	23	1	52.6%	70.8%	66.7%	91.7%	95.8%
Western Region	20	4	36.4%	30.4%	37.5%	54.2%	83.3%
Overall Score	131	34	38.6%	38.7%	45.2%	60.8%	79.4%

Functional Assessment:

The results this year on Functional Assessment were predominantly positive with four regions improving their scores considerably and one region regressing. Southwest and Western regions each increased their scores by 21 percentage points. Salt Lake and Northern regions were not far behind with increases of 17 and 13 percentage points respectively. Eastern region experienced an unexpected decrease in their score on this indicator (from 58% to 38%). Statewide the indicator rose from 52% to 64%. Two of the five regions exceeded the exit criteria on this indicator and another is within striking distance.

Nearly every case file reviewed contained a written Functional Assessment document. An analysis of

the comments pertaining to Functional Assessment drawn from the stories of cases that did not score acceptable revealed some common themes. The issues that prevent cases from scoring acceptably typically lay in the process of assessment, not in the document that is the end result of that process. In the regions that struggled most with Functional Assessment, reviewers pointed out the same three deficiencies in the assessment process: 1) Workers did not gather information from all team members or important team members were left out of the process 2) Necessary or recommended assessments such as drug and alcohol assessments, sexual assessments, psychological evaluations, or medication evaluations were not obtained; and 3) The child and family's strengths and needs were not identified or known by the team.

Functional Assessment	# of cases		FY00	FY01	FY02	FY03	FY04
	# of cases	Needing	Baseline				Current
	Acceptable	Improvement					Scores
Eastern Region	9	15	11.1%	66.7%	54.2%	58.3%	37.5%
Northern Region	13	11	11.1%	41.7%	54.2%	41.7%	54.2%
Salt Lake Region	49	20	26.6%	36.8%	33.3%	54.3%	71.0%
Southwest Region	20	4	36.8%	54.2%	41.7%	62.5%	83.3%
Western Region	15	9	27.3%	30.4%	45.8%	41.7%	62.5%
Overall Score	106	59	26.7%	43.6%	42.3%	52.4%	64.2%

Long-Term View

Outcomes on Long-Term View tended toward one of two extremes; each region either showed a huge improvement of approximately 30 percentage points or they scored exactly the same as they did last year. Northern, Salt Lake, and Southwest regions showed increases of 33, 28,

and 33 percentage points, respectively. Eastern and Western regions had the same percentage of cases pass this indicator this year as they did last year. The overall score on this indicator showed outstanding improvement, increasing from 43.4% to 64.8%.

Long-Term View		# of cases	FY00	FY01	FY02	FY03	FY04
	# of cases	Needing	Baseline				Current
	Acceptable	Improvement					Scores
Eastern Region	12	12	0.0%	50.0%	25.0%	50.0%	50.0%
Northern Region	14	10	0.0%	29.2%	41.7%	25.0%	58.3%
Salt Lake Region	48	21	33.3%	36.8%	31.9%	41.4%	69.6%
Southwest Region	21	3	26.3%	37.5%	37.5%	54.2%	87.0%
Western Region	12	12	9.1%	26.1%	26.1%	50.0%	50.0%
Overall Score	107	58	20.8%	36.2%	32.3%	43.4%	64.8%

Child and Family Planning

Four of the five regions achieved increases on Child and Family Planning Process, three of which were double-digit increases. Eastern, Northern, and Salt Lake had increases of 13, 17, and 15 percentage points respectively. Southwest region achieved a modest

increase from 79% to 83%. Western region's score moved slightly downward as there was one less case scored acceptable this year than last year. The overall score for all five regions increased by 10% and exceeded the exit criteria.

Child & Family Planning		# of cases	FY00	FY01	FY02	FY03	FY04
	# of cases	Needing	Baseline				Current
	Acceptable	Improvement					Scores
Eastern Region	17	7	0.0%	62.5%	66.7%	58.3%	70.8%
Northern Region	15	9	11.1%	45.8%	45.8%	45.8%	62.5%
Salt Lake Region	52	17	47.6%	30.9%	48.6%	60.0%	75.4%
Southwest Region	20	4	31.6%	58.3%	54.2%	79.2%	83.3%
Western Region	15	9	27.3%	34.8%	54.2%	66.7%	62.5%
Overall Score	119	46	32.7%	42.3%	52.4%	62.0%	72.1%

Plan Implementation

The increases seen in the area of Plan Implementation were relatively small; however, this was influenced by the fact that scores on this indicator were relatively high last year. The higher the score from last year, the less room there was for improvement this year. Every region passed this indicator last year.

Every region passed this indicator again this year, and four of the five passed with the same or a higher score than last year. The overall score increased by 7 percentage points, going from 77% to 84%. The overall score exceeded the exit criteria.

Plan Implementation		# of cases	FY00	FY01	FY02	FY03	FY04
	# of cases	Needing	Baseline				Current
	Acceptable	Improvement					Scores
Eastern Region	19	5	44.4%	70.8%	75.0%	79.2%	79.2%
Northern Region	17	7	55.6%	66.7%	66.7%	70.8%	70.8%
Salt Lake Region	60	9	69.6%	67.6%	56.9%	71.4%	87.0%
Southwest Region	23	1	52.6%	75.0%	83.3%	91.7%	95.8%
Western Region	19	5	45.5%	60.9%	70.8%	83.3%	79.2%
Overall Score	138	27	53.5%	68.1%	66.7%	76.5%	83.6%

Tracking and Adaptation

Whereas only two of the five regions met the exit criteria on Tracking and Adaptation last year, all five met or exceeded the criteria this year. Salt Lake and Western region both had impressive increases of more than twenty percentage points (26 and

21 percentage points respectively). Although Eastern region lost a little ground this year, overall the state had a significant increase (13 points) as they advanced from 69% to 81%. The overall score exceeded the exit criteria.

Tracking and Adaptation		# of cases	FY00	FY01	FY02	FY03	FY04
	# of cases	Needing	Baseline				Current
	Acceptable	Improvement					Scores
Eastern Region	17	7	55.6%	75.0%	79.2%	83.3%	70.8%
Northern Region	17	7	55.6%	54.2%	58.3%	66.7%	70.8%
Salt Lake Region	57	12	69.0%	54.3%	56.9%	57.1%	82.6%
Southwest Region	23	1	47.4%	75.0%	79.2%	95.8%	95.8%
Western Region	20	4	36.4%	43.5%	50.0%	62.5%	83.3%
Overall Score	134	31	55.4%	58.9%	62.5%	68.7%	81.2%

Stakeholder Interviews

As part of the review process CWG and OSR conducted interviews with stakeholders from each region. This included representatives from the legal system, schools, QI committee members, mental health, residential providers, foster parents, biological parents, and contract service providers.

Stakeholders continue to see improvement in the delivery of DCFS services to children and families. They appreciate the implementation of the Practice Model principles and applaud the Division's efforts to involve community partners in case planning. Impressions and observations from these key stakeholders were presented to each region.

IV. Special Studies

A. Intake Priority Study

The Office of Services Review sampled 80 intake cases and found that the correct priority is assigned to cases 90% of the time. The vast majority of incorrect priority assignments fell in the priority 4 category where OSR believed eight of the 15 cases should have been assigned a priority 3.

Background

According to DCFS practice guidelines, "Each referral received by Child and Family Services regarding the safety and protection of a child shall be considered a potential referral and shall be documented by intake in SAFE. All referrals received alleging child abuse and neglect will be investigated in accordance with the provisions of Section 62A-4a-409".

The intake worker is responsible to determine the validity and credibility of the allegations and must assign the priority of the referral. There are four priority categories that determine the response time in which an investigative CPS worker must see the alleged victim face-to-face.

A CPS worker has a maximum of 60 minutes from the moment intake notifies the worker of the referral to make face-to-face contact with an alleged victim in a Priority 1 referral. The CPS worker has 24 hours to make face-to-face contact with an alleged victim from the time of notification of the referral from intake for a Priority 2 referral. Face-to-face contact with the a alleged victim must be made by midnight of the third working day for a Priority 3 referral and by midnight of the fifth working day for a

Priority 4 referral from the moment intake assigns the case.

The purpose of the face-to-face contact is to assess immediate protection and safety needs of the child and to conduct an initial assessment of the family's capacity to protect the child. Therefore, the assignment of the correct priority to the cases is vital to the safety of the child.

According to Utah law, the Department of Human Services Executive Director, or designee, shall annually review a randomly selected sample of child welfare referrals handled by the DCFS. The purpose of the review is to assess whether the Division is adequately protecting children.

The Office of Services Review (OSR) conducted this study in order to determine if DCFS was assigning the correct priority to the cases. OSR conducted a review of the appropriateness of the Division's assignment of priority to cases accepted for investigation.

Review Process

The Office of Services Review randomly selected 10 Intake cases statewide each month from October 2003 to May 2004. A total sample of 80 cases was selected to determine if DCFS was appropriately assigning priority to the cases accepted for investigation.

Two OSR employees individually reviewed the abuse allegations from SAFE, compared the information with the intake priority checklist and DCFS priority referral practice guidelines, and made a decision regarding the priority

assignment. The OSR employees' priority assignment was compared with the DCFS assignment to determine the agreement rate. If there was a disagreement among priority 1, 2 or 3, the intake worker was contacted to discuss the reasoning of his/her priority assignment decision.

Results

There was a 90% agreement rate among the OSR employees and the DCFS intake employees regarding the appropriate assignment of priority to cases accepted for investigation. The OSR employees originally agreed with the intake employees on 69 cases and disagreed on 11 cases. However, after discussing the cases with the intake workers, OSR employees agreed with intake on 72 cases and disagreed on 8 cases.

Agreement Rate by Region

- Eight cases were reviewed in Eastern Region. The agreement rate was 75%.
- Southwest had an agreement rate of 75% also. Twelve cases were reviewed.
- Twenty-six cases were reviewed in Northern Region. The agreement rate was 92%.
- The agreement rate in Salt Lake was 88%. There were 25 cases reviewed.
- Nine cases were reviewed in Western Region and the agreement rate was 89%.

Agreement Rate by Priority

Of the 80 cases sampled, there were two priority 1 cases, 16 priority 2 cases, 47 priority 3 cases, and 15 priority 4 cases. OSR employees originally disagreed with the intake employees in one instance in each of the priority 1, 2, and 3 categories.

The primary reason for the original disagreement among the priorities 1, 2, and 3 was because of incomplete and poor detail in the documentation of the referral. After

discussing the allegations with the intake workers and receiving additional information, the OSR employees agreed with the intake workers' assessment of the situations and priority assignments.

For example, DCFS assigned a case a priority 1 when both parents were arrested and the grandmother was left in charge of the children as per the referral information. OSR believed this should have been a priority 3 as the children were safe at the time and had an appropriate caregiver. When the disagreement was discussed with the intake worker, she mentioned that the referral was assigned a priority one because law enforcement contacted DCFS and asked for immediate assistance. The grandparents were contacted by law enforcement after DCFS was contacted. This information was not documented in the referral. If it had, it would have made sense that the referral was assigned a priority 1.

As a result of the discussions between OSR employees and DCFS intake workers, there were no disagreements in the priority 1, 2 or three categories.

OSR employees disagreed with intake workers most often regarding the assignment of priority 4 cases. There was disagreement in eight out of the 15 cases in the priority 4 category.

The main reason for the disagreement among the priority 4 category was due to the fact that intake employees would prioritize cases in this category that OSR employees believed should be in the priority 3 category. The reason OSR employees believed the cases should be priority 3 rather than 4 is because the cases did not meet the priority 4 categorization requirements outlined in the DCFS practice guidelines.

A priority 4 should be assigned when there are no safety or protection issues identified and one or more of the following occur: 1. Juvenile court or district court orders an investigation, 2. There is an alleged out of home perpetrator

and there is no danger that critical evidence will be lost, 3. An agency outside of Utah requests a courtesy investigation and the circumstances of the case do not meet the definition of priority 1, 1R, 2, or 3.

An example of this situation is a domestic violence referral DCFS received from law enforcement via a written report. There was a DV incident in the presence of children, one party was arrested and taken to jail. No other information is reported. It is unknown where the children are, who they are living with, or if the perpetrator is or is not in the home. OSR believes there is not enough information to categorize this referral as a priority 4 as there are safety and protection issues identified.

Conclusion

The overall agreement rate of 90% shows that DCFS is generally assigning the correct priority to cases according to DCFS practice guidelines. The cases accepted for investigation are receiving the appropriate priority assignments a majority of the time in serious situations that require a priority 1 or 2 response. In less serious situations, cases are receiving appropriate priority 3 assignments also. The concern involves situations when the allegations fall into the priority 3 category but are categorized as priority 4. This can delay the face-to-face contact with the child up to five days depending on when the allegations were reported. This is where protection of the child could possibly be improved. Documentation of all referral information needs to be improved also for all four priorities. This will allow CPS workers to have all vital information to conduct a thorough investigation and will ensure the children are seen within the appropriate priority time frames.

Appendix

Case Process Review Data Tables

Case Process Review Data Tables

Type & Tool #	Question	Sample	Yes (#)	Partial (#)	No (#)	Perform. Rate (%)	Precision Rate (%)
CPS.A1	Did the investigating worker see the child within the priority time frame?	135	105	0	30	78%	6%
	Yes within additional 1 day	135	108	0	27	80%	6%
	Yes within additional 2 days	135	111	0	24	82%	5%
	Yes within additional 5 days	135	115	0	20	85%	5%
	Yes within additional 10 days	135	120	0	15	89%	4%
CPS.A2	If the child remained at home, did the worker initiate services within 30 days of the referral?	39	35	0	4	90%	8%
	Yes within additional 30 days	39	35	0	4	90%	8%
CPS.A3	Was the investigation completed within 30 days of CPS receiving the report from intake or within the extension time frame granted if the Regional Director granted an extension?	135	110	7	18	82%	6%
	Yes within additional 1 day	135	115	6	14	85%	5%
	Yes within additional 5 days	135	125	2	8	93%	4%
	Yes within additional 10 days	135	126	2	7	93%	4%
CPS.B1	Did the worker conduct the interview with the child outside the presence of the alleged perpetrator?	98	86	1	11	88%	5%
CPS.B2	Did the worker interview the child's natural parent(s) or other guardian when their whereabouts are known?	135	81	45	9	60%	7%
CPS.B3	Did the worker interview third parties who have had direct contact with the child, where possible and appropriate?	126	91	0	35	72%	7%
CPS.B4	Did the CPS worker make an unscheduled home visit?	116	90	0	26	78%	6%
CPS.C1	If this is a Priority I case involving trauma caused from severe maltreatment, severe physical injury, recent sexual abuse, fetal addiction, or any exposure to a hazardous environment was a medical examination of the child obtained no later than 24 hours after the report was received?	8	7	0	1	88%	universe
CPS.C2	If this case involves an allegation of medical neglect, did the worker obtain an assessment from a health care provider prior to case closure?	39	26	0	13	67%	universe
	Yes within additional 10 days	39	26	0	13	67%	12%
CPS.D1	Were the case findings of the report based on the facts obtained during the investigation?	135	112	2	21	83%	5%

Type & Tool #	Question	Sample	Yes (#)	Partial (#)	No (#)	Perform. Rate (%)	Precision Rate (%)
CPS.E2	Did the worker visit the child in the shelter placement within 48 hours of removal from home to determine the child's adjustment to the placement and need for services?	89	40	0	49	45%	9%
	Yes within additional 12 hours	90	42	0	47	47%	9%
	Yes within additional 24 hours	90	42	0	47	47%	9%
CPS.E3	After the first 48 hours, did the worker visit the child in the shelter placement at least weekly, until CPS case closure or until transferred to a foster care caseworker to determine the child's adjustment to the placement and need for services?	28	3	7	18	11%	10%
CPS.E4	Within 24 hours of the child's placement in shelter care, did the worker make reasonable efforts to gather information essential to the child's safety and well-being and was this information given to the shelter care provider?	91	53	16	22	58%	9%
	Yes within additional 1 day	91	58	11	22	64%	8%
	Yes within additional 5 days	91	61	8	22	67%	8%
	Yes within additional 10 days	91	61	8	22	67%	8%
CPS.E5	During the CPS investigation, were reasonable efforts made to locate possible kinship placements?	83	77	0	6	93%	5%
Unable.1	Did the worker visit the home at times other than normal working hours?	22	13	6	3	59%	17%
Unable.2	If any child in the family was school age, did the worker check with local schools or the local school district for contact information about the family?	35	26	0	9	74%	12%
Unable.3	Did the worker check with law enforcement agencies to obtain contact information about the family?	59	37	0	22	63%	10%
Unable.4	Did the worker check public assistance records for contact information regarding the family?	58	39	0	19	67%	10%
Unable.5	Did the worker check with the referent for new information regarding the family?	49	29	0	20	59%	12%
Unaccepted 1	Was the nature of the referral documented?	131	131	0	0	100%	0%
Unaccepted 2	Did the intake worker staff the referral with the supervisor or other intake/CPS worker to determine non-acceptance of the report?	131	131	0	0	100%	0%
Unaccepted 3	Does the documentation adequately support the decision not to accept the referral?	131	121	0	10	92%	4%

Type & Tool #	Question	Sample	Yes (#)	Partial (#)	No (#)	Perform. Rate (%)	Precision Rate (%)
HB.1	Is there a current case plan in the file?	131	61	48	22	47%	7%
	Yes within additional 15 days	131	73	36	22	56%	7%
	Yes within additional 30 days	131	83	26	22	63%	7%
HB.2	Was an initial child and family plan completed for the family within 45 days of the case start date?	50	21	23	6	42%	12%
	Yes within additional 15 days	50	29	15	6	58%	12%
	Yes within additional 30 days	50	36	8	6	72%	10%
HB.3	Were the following team members involved in the development of the current child and family plan?						
	the natural parent(s)/guardian	94	35	14	44	37%	8%
	the stepparent (if appropriate)	13	5	0	8	39%	22%
	the target child(ren) (age 5 and older)	68	17	4	46	25%	9%
HB.4	Did the worker initiate services for the family/child as identified in the child and family plans?	123	65	57	1	53%	7%
HB.5	Did the worker make at least one home visit each month of this review period?						
	Month one	112	91	0	21	81%	6%
	Month two	125	108	0	17	86%	5%
	Month three	113	97	0	16	86%	5%
FC.IA1	Did the child experience an initial placement or placement change during this review period?	130	57	0	73		
FC.IA2	Following the shelter hearing, were reasonable efforts made to locate kinship placements?	23	22	0	1	96%	7%
FC.IA3	Were the child's special needs or circumstances taken into consideration in the placement decision?	56	49	0	7	88%	7%
FC.IA4	Was proximity to the child's home/parents taken into consideration in the placement decision?	42	42	0	0	100%	0%
FC.IA5	Before the new placement was made, was basic available information essential to the child's safety and welfare and the safety and welfare of other children in the home given to the out-of-home care provider?	53	27	2	24	51%	11%
FC.IB1	Did the worker contact the out-of-home care caregiver at least once during each month of this review period?						
	Month one	97	87	0	10	90%	5%
	Month two	97	90	0	7	93%	4%
	Month three	100	86	0	14	86%	6%
	Month four	98	86	0	12	88%	5%
	Month five	101	87	0	14	86%	6%

	Month six	99	85	0	14	86%	6%
Type & Tool #	Question	Sample	Yes (#)	Partial (#)	No (#)	Perform. Rate (%)	Precision Rate (%)
FC.IB2	Did the worker visit the child in his/her out-of-home placement at least once during each month of this review period?						
	Month one	99	85	0	14	86%	6%
	Month two	98	81	0	17	83%	6%
	Month three	103	91	0	12	88%	5%
	Month four	101	90	0	11	89%	5%
	Month five	103	86	0	16	84%	6%
	Month six	102	87	0	15	85%	6%
FC.IB3	Did the worker visit the child at least once during each month of this review period?						
	Month one	105	99	0	6	94%	4%
	Month two	104	98	0	6	94%	4%
	Month three	108	102	0	6	94%	4%
	Month four	106	101	0	5	95%	3%
	Month five	108	102	0	6	94%	4%
	Month six	106	99	0	7	93%	4%
FC.IB4	Did the caseworker visit privately with the child?						
	Month one	86	59	0	27	69%	8%
	Month two	84	55	0	29	66%	9%
	Month three	88	62	0	26	71%	8%
	Month four	87	71	0	16	82%	7%
	Month five	85	56	0	29	66%	9%
	Month six	84	65	0	19	77%	8%
FC.II1	Was an initial or annual comprehensive health assessment conducted on time?	125	97	27	1	78%	6%
	Yes with additional 30 days	125	114	10	1	91%	4%
	Yes with additional 60 days	125	119	5	1	95%	3%
FC.II2	If a need for further evaluation or treatment was indicated in the most current initial or annual health assessment was that evaluation or treatment initiated as recommended by the primary care providers?	63	39	11	13	62%	10%
	Yes with additional 30 days	63	40	10	13	64%	10%
	Yes with additional 60 days	63	41	9	13	65%	10%
FC.II3	Was an initial or annual mental health assessment conducted on time?	125	89	29	7	71%	7%
	Yes with additional 30 days	125	114	4	7	91%	4%
	Yes with additional 60 days	125	116	2	7	93%	4%
FC.II4	If a need for mental health services was indicated in the most current initial or annual mental health assessment were those services initiated as recommended by the primary care providers?*	87	57	27	3	66%	8%
	Yes with additional 30 days	87	59	25	3	68%	8%
	Yes with additional 60 days	87	61	23	3	70%	8%

Type & Tool #	Question	Sample	Yes (#)	Partial (#)	No (#)	Perform. Rate (%)	Precision Rate (%)
FC.II5	Was an initial or annual dental assessment conducted on time?	105	73	25	7	70%	7%
	Yes with additional 30 days	105	94	4	7	90%	5%
	Yes with additional 60 days	105	98	0	7	93%	4%
FC.II6	If need for further dental care treatment was indicated in the initial or annual dental exam was that treatment initiated as recommended by the primary care providers?	50	38	10	2	76%	10%
	Yes with additional 30 days	50	40	8	2	80%	9%
	Yes with additional 60 days	50	41	7	2	82%	9%
FC.III1	Is the child school aged?	130	94	0	36		
FC.III2	If there was reason to suspect the child may have an educational disability, was the child referred for assessments for specialized services?	10	8	0	2	80%	21%
FC.IVA1	Is there a current case plan in the file?	130	59	49	22	45%	7%
	Yes with additional 15 days	130	69	39	22	53%	7%
	Yes with additional 30 days	130	91	17	22	70%	7%
FC.IVA2	If the child and family plan which was current during the review period was the child's initial child and family plan, was it completed no later than 45 days after a child's removal from home?	30	14	10	6	47%	15%
	Yes with additional 15 days	30	19	5	6	63%	15%
	Yes with additional 30 days	30	24	0	6	80%	12%
FC.IVA3	Were the following team members involved in creating the current child and family plan?						
	the natural parent(s)/guardian?	70	30	11	29	43%	10%
	the stepparent (if appropriate)	15	3	1	11	20%	17%
	the child? (age 5 and older)	92	41	0	51	45%	9%
FC.IVA4	Did the worker initiate services for the family/child as identified in the service plans that are current during the review period?	124	48	75	1	39%	7%
FC.IVA5	Was the child provided the opportunity to visit with his/her parent(s) weekly?	74	35	34	5	47%	10%
FC.IVA6	Was the child provided the opportunity for visitation with his/her siblings weekly?	69	22	42	5	32%	9%

*The court agreed to the renegotiated wording of this question found in the stipulation after the 2004 review was completed and the data was collected.